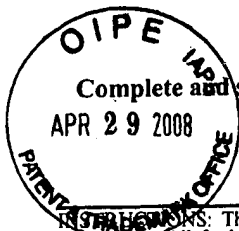


04-30-08



## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 or Fax (571)-273-2885

**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

20583

7590

01/31/2008

JONES DAY  
 222 EAST 41ST ST  
 NEW YORK, NY 10017

05/02/2008 WABDEL3 00000001 503013 10616477

01 FC:2501 720.00 DA  
 02 FC:1504 300.00 DA

**Certificate of Mailing or Transmission**  
 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/616,477	07/09/2003	Michael A. Zeligs	9439-015	9606

TITLE OF INVENTION: PHYTOCHEMICALS FOR THE TREATMENT OF MASTALGIA, ENDOMETRIOSIS AND HPV-RELATED CONDITIONS INCLUDING CERVICAL DYSPLASIA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$300	\$0	\$1020	04/30/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
EBRAHIM, NABILA G	1618	514-419000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 \_\_\_\_\_  
 2 \_\_\_\_\_  
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## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

BioResponse L.L.C.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Boulder, Colorado 80302

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

## 4a. The following fee(s) are submitted:

☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☐ Advance Order - # of Copies \_\_\_\_\_

## 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

☐ A check is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-3013 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Thomas E. Friebe

Date

April 29, 2008

Typed or printed name

Registration No.

29.258

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application of:	Michael A. Zeligs	Confirmation No.:	9606
Serial No.:	10/616,477	Art Unit:	1618
Filed:	July 9, 2003	Examiner:	Ebrahim, Nabila G.
For:	PHYTOCHEMICALS FOR THE TREATMENT OF MASTALGIA, ENDOMETRIOSIS AND HPV- RELATED CONDITIONS	Attorney Docket No.:	9439-015-999

**SUBMISSION OF ISSUE FEE**

Mail Stop: ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Notice of Allowance and Fee(s) Due mailed by the United States Patent and Trademark Office on January 31, 2008 in connection with the above-identified application, Applicants respectfully submit the Fee(s) Transmittal Form PTOL-85 due in connection with the instant application. The amount of \$1020.00 is authorized to be charged to the Jones Day Deposit Account No. 50-3013 to cover the \$720.00 issue fee and the \$300.00 publication fee.

The Commissioner is authorized to charge any additional fees that may be due in connection with this paper, to Jones Day Deposit Account No. 50-3013. A duplicate of this sheet is enclosed.

Respectfully submitted,

Date: April 29, 2008

  
Thomas E. Friebe

(Reg. No.) 29,258

JONES DAY  
222 East 41st Street  
New York, New York 10017  
(212) 326-3939

Enclosure  
Form PTOL-85B